UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF TEXAS
SAN ANTONIO DIVISION

DONALD L. HILTON JR	§	
VS.	§	NO: SA: 19-CV-00755-OLG
NICOLE PRAUSE and LIBEROS LLC	§	

DECLARATION OF DONALD HILTON, M.D.

My name is Donald Hilton Jr., M.D. I am over the age of eighteen years. I have never been convicted of a felony or crime of moral turpitude, and I am fully competent to make this declaration. This declaration is based on my personal knowledge.

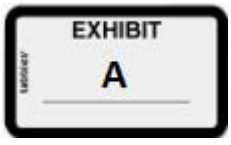
1. I am a neurosurgeon who has worked in San Antonio, Texas for the past 25 years. Some of my professional accomplishments as a brain and spine surgeon are summarized below:

   A. I graduated with honors from Lamar University in 1983 and graduated from medical school at UTMB with honors in 1988.

   B. From 1988 to 1994, I was in training (internship, then residency). The entirety of that training was at the University of Tennessee, where I worked with Dr. Kevin Foley, a pioneer in minimally invasive spinal surgery. During that time, I performed a high volume of both cranial and spinal surgeries. After finishing my training in Memphis and beginning my practice in San Antonio, I prototyped modifications of the original two dimensional optical minimally invasive systems by using the equipment and techniques typically used in brain surgery.

   C. I am careful to give Dr. Foley credit for inventing the first endoscopic system for minimally invasive spinal surgery (termed the MED). However, I transformed Dr. Foley's MED into a three dimensional visualization application, and worked with Dr. Foley and others to develop the METRx (Medtronic) system for minimally invasive spinal surgery. This system is still likely the most widely used system in the world for minimally invasive spinal surgery.

   D. I wrote the first manual on the use of the METRx system, along with Dr. Sylvain Palmer, and taught many neurosurgeons at the annual American Association of Neurological Surgery (AANS) and the Congress of Neurosurgery (CNS) meetings for many years. I authored a section one of the first academic books ever published in the field of minimally invasive spinal surgery in 2002 (*Outpatient Spinal Surgery*, editors Mick Perez Cruet and Richard Fessler, Quality Medical Publishing). I also authored one of the first chapters on minimally invasive spinal surgery in a respected orthopedic academic textbook in 2003 (*Operative Arthroscopy*, John B. McGinty, editor, Lippincott Williams and Wilkins). I have published many peer-reviewed papers, abstracts, and posters at national meetings about minimally invasive spinal surgery and continue to speak and lecture on this subject throughout the country and in other nations.



E. I am an adjunct associate professor in the department of neurosurgery at the University of Texas Health Science Center at San Antonio ("UT Health"), where I am the program director of the Methodist Hospital rotation for the neurosurgical residency program. I am also the director of the spine fellowship at the Department of Neurosurgery at UT Health.

F. I have never had to defend a medical malpractice suit in my 25 years of practice. A copy of my CV is attached hereto as Exhibit "1".

2. I have also become an expert in the field of how human sexuality, including problematic pornography use, can become addictive, and why this should be considered a public health issue. The following summarizes some of my accomplishments in this field:

A. I co-authored a paper published in the *Proceedings of the National Academy of Sciences (PNAS)* in 2011 demonstrating that the same brain mechanisms that drive a natural craving for salt also drive craving in drug addiction. My understanding of the anatomy, physiology, and pathology of the human nervous system have helped me understand and teach the concept of natural addiction, or addiction to behaviors such as gambling, food, and sex. I co-authored a chapter in an academic psychiatric textbook. The book is titled *Neurobiology of Addiction* (2016), and is published by Oxford University Press. I co-authored the chapter titled "The Neurobiology of Behavioral Addiction: Evidence for Assessment, Diagnosis, and Response to Critics." The book was endorsed by Dr. Mark Potenza at Yale University, a nationally recognized expert on addiction.

B. I published other peer-reviewed papers in journals on this subject, including Pornography Addiction: A Neuroscience Perspective, in the journal *Surgical Neurology International (*2011), Pornography Addiction: A Supranomal Stimulus Considered in the Context of Neuroplasticity, in the journal *Socioaffective Neuroscience and Psychology* (2013), High Desire, or Merely an Addiction?, also in that same journal (2014), and Sex Addiction as a Disease: Evidence for Assessment, Diagnosis, and Response to Critics, in the journal *Sexual Addiction and Compulsivity* (2015).

C. I have spoken in numerous professional therapy conferences and symposiums, including at the Society for the Advancement of Sexual Health (SASH) in 2012, the International Institute for Trauma and Addiction Professionals (IITAP) in 2013. I spoke at a symposium sponsored by the Minnesota Department of Public Health in 2014 on developing a public health approach to pornography, and at the Sex and Love Addiction Symposium at the invitation of Dr. Patrick Carnes in 2014. In 2015, I spoke in the Polish Parliament Building in Warsaw on a public health approach to pornography at a national symposium, and in 2015 gave another talk on a public health perspective on pornography at a Congressional Symposium in the US Senate Building sponsored by Senator Grassley. I have also spoken on this subject at multiple universities, including Harvard, Princeton, the University of Virginia, Holy Cross, Brigham Young University, Utah Valley University, and Gonzaga University.

D. In 2017 I was invited to an academic conference sponsored by the Gregorian Pontifical University at the Vatican titled Child Dignity in the Digital World/ World Conference.

My talk was titled Pornography and the Developing Brain: Protecting the Children. The conference concluded with a private audience with Pope Francis. A copy of a photograph of me meeting the Pope is attached hereto as Exhibit "2".

E. I have been featured in numerous documentaries and podcasts on the neuroscience of pornography addiction and on the public health aspects of this problem. Examples include:

1. The Porn Pandemic https://www.youtube.com/watch?v=NJ1ExvcsyLk
2. Addicted to Porn: Chasing the Cardboard Butterfly. https://www.amazon.com/Addicted-Porn-Chasing-Cardboard-Butterfly/dp/B01LTIAB1E
3. Porn on the Brain. Nationwide New Zealand broadcast https://www.youtube.com/watch?v=3iWY_Q3pqlI
4. W5:Generation XXX. Nationwide Canadian broadcast http://www.ctvnews.ca/w5/freely-available-online-pornography-exposes-children- to-violent-abusive-sex-1.2590997

F. I currently serve on the board of the Washington DC-based National Center on Sexual Exploitation (NCOSE), and have served on the board of the Society for the Advancement of Sexual Health (SASH). I also wrote a book esoteric to my religious faith titled *He Restoreth My Soul* in 2009 on spiritual paradigms of healing from pornography addiction.

G. For more than a decade, my wife, Jana, and I have worked together as program coordinators of the addiction recovery program in the San Antonio and Austin areas for the Church of Jesus Christ of Latter-day Saints. In this role, we help organize groups for individuals and couples struggling to recover from the effects of addictive behaviors and betrayal trauma, and we lead some of these groups ourselves.

3. Nicole Prause is a vocal advocate in favor of pornography. I am unaware of any current affiliation she has with any academic institution, but I understand that she used to work for UCLA. Prause has published papers suggesting that pornography is a harmless activity that does not cause addiction. She teaches that people who appear to be addicted to sex or pornography merely have a stronger sex drive than average people.

4. I have only had one personal encounter with Prause. In 2009, my wife and I met Prause briefly in a crowded meeting room almost 10 years ago on November 14, 2009 after giving a professional presentation. During that meeting, Prause approached me and confronted me on the substance of my presentation. Prause told me that she had studied at the Kinsey Institute. Upon hearing that she studied at the Kinsey Institute, I asked Prause whether she supported Dr. Kinsey's willingness to collaborate with pedophiles. My question stemmed from Table 34 in Dr. Kinsey's book, Sexual Behavior in the Human Male (1948). A true and accurate copy of Dr. Kinsey's Table 34 is taken directly from this book is attached and incorporated herein as Exhibit "3". Table 34 reflects grotesque data regarding how many orgasms children can have and how long it takes for this to occur. For example, the second entry on the Table 34 states than an 11-month old had 10 orgasms in one hour. The oldest victim in Table 34 is only 14 years old. I can think of no way to gather this data other than

for Dr. Kinsey to collaborate with individuals who were abusing children and who were keeping track of their data. This happened over 70 years ago, but the people at the Kinsey Institute have been equivocal (at best) in denouncing the horrors of Table 34 and what it represents. Since Dr. Prause had volunteered that she had studied at Dr. Kinsey's institute, I wanted to know if she agreed with Dr. Kinsey's research practices. I believe that it was important to ask her if she disavows these research practices. I am still waiting for my answer. During the entire conversation, I was not agitated. Moreover, I did not raise my voice at any time in that meeting. My demeanor is confirmed by the photo taken by someone unknown to me that captured my meeting with Prause. The photo is attached and incorporated herein as Exhibit "4" and is a true and accurate representation of my visit with Prause on that date.

5. Of course, asking Dr. Prause whether she agrees with Dr. Kinsey's willingness to collaborate with pedophiles more than 70-years ago is not the same thing as accusing her of personally molesting children. I never asked Prause about molesting children, I never even thought that, and I have never accused her of molesting or abusing children. I believe that the people associated with the Kinsey Institute should disavow Dr. Kinsey's collaboration with pedophiles. Indeed, I believe that all concerned citizens – regardless of how they feel about whether pornography is addictive – should be repulsed by Table 34 and the abuse that led to its creation.

6. I did or said nothing of a sexual nature towards Prause during that brief encounter in 2009. Prause and I have not had any personal communications or interactions since that time – not face to face, not by phone, not by email or social media – nothing. I do not follow Prause on social media. I have never flirted with Prause, made any sexual advancements towards her, or committed any other type of sexual misconduct towards her. I do not and never have conducted myself in that way.

7. For more than a decade, Prause and I participated in an ongoing public discussion about the effects of pornography – with me arguing that pornography is addicting and harmful, and with her arguing the opposite. Again, we have not argued with each other directly, but have been on opposite sides of the debate in the published literature and lecture halls. In 2014, Prause published a paper with two other authors entitled *The Emperor Has No Clothes: A Review of the 'Pornography Addiction' Model*, published in Current Sexual Health Reports, June 2014, Volume 6, Issue 2, pp 94–105. A copy of the article is attached and incorporated herein as Exhibit "5". In that article, Prause and the other authors used the acronym VSS – meaning visual sexual stimulation – a terms designed to avoid the stigmatizing term pornography. The article states, *inter alia*:

> While much has been written about the potential negative effects of VSS[1], a number of positive effects also have been suggested. *Most people who view VSS believe that it improves their attitudes towards sexuality, and improves their quality of life...VSS can also promote pleasant feelings in the moment, such as happiness and joy*...While much has been written about negative aspects of VSS for the general

[1] When referring to viewing pornography, Defendant Prause prefers to use the term "VSS", which stands for visual sexual stimulation. VSS is used in an effort to avoid the stigmatizing term, pornography.

> population, the many possible benefits suggest that VSS use is not problematic de facto." (emphasis added).
>
> Prause and her co-author also describe the benefits of younger people viewing pornography as follows: "One possibility is that those with higher sexual sensation seeking *use VSS at younger ages and broaden the content of their VSS* when sexual partners are not available to them to engage in actual sexual risk behaviors." (emphasis added).

8. I publicly discussed Prause's cozy relationship with the pornography industry because she brought my religion into the debate – accusing me of being biased in my research because I am a devout member of the Church of Jesus Christ of Latter-day Saints (LDS). Prause actually used my religion to claim that I am biased in one of her published works – mentioning me and my religious faith by name. From my perspective, bias is always relevant in academic research and I felt that it was it was necessary for me to raise the issue of whether Prause's ideological and cultural ties to the pornography industry creates a bias in favor of pornography.

9. Prause has consistently taken the position of the pornography industry, whether it relates to need for condoms in the porn industry or whether pornography is addicting. Prause also maintained what I would consider to be a cozy relationship with the pornography industry. For example, on June 1, 2015, Prause wrote on Twitter to an apparent friend in the pornography industry: "I think Jeanne's story I heard at AVN was amazing. I'll refrain from getting myself into more trouble!". Prause also posted a photo of herself posing on the red carpet with some pornography industry individuals. Additionally, Prause posted the following exchange between herself and a pornography performer from Australia on her public Twitter account:

> Prause: "Oh nuts. Well if you're not coming in for AVN or something, then I'll send third shirt for next RT!
>
> Avalon: No AVN for me but I hope you have an amazing time there, & get lots of attention for these important tshirts."

The context of this conversation surrounded a "shame kills love" t-shirt that the two women wanted to promote – again demonstrating Prause's perspective. Screen shots of these posts/photos are attached and incorporated herein as Exhibit "6". I did not find these screen shots on my own. I do not follow Prause on social media. However, one of the other people Prause falsely accused provided me with the material in Exhibit "6".

10. Prause has made several false and defamatory statements about me over the years on social media and other Internet forums. However, I never pursued any legal action until Prause went after my livelihood and career. In April 2019, Prause authored a series of written communications to UT-Health making serious and false accusation of sexual harassment against me. Specifically, on April 16, 2019, Prause sent an email to the UT -Health, which included the following statements:

A. "I am a neuroscientist with two university appointments being openly sexually harassed by your faculty member Dr. Donald Hilton."

B. Dr. Hilton "publicly claims that I personally appear in pornographic films, attend the Adult Video Network awards, and molest children in my laboratory, because I trained at The Kinsey Institute."[2]

C. "I have filed a complaint against Hilton's medical license for sexual harassment. However, he clearly uses his UT affiliation to promote his sexual harassment. As a female scientist, he is uniquely attacking my gender with these false claims about my sexuality."

D. "Please direct my sexual harassment complaint against Donald Hilton to the appropriate officer for investigation."

Defendant Prause authored and sent other emails to UT-Health including the following:

E. "Would you please confirm that this sexual harassment complaint is being directed to the appropriate office for investigation?" (April 17, 2019).

F. "Would you confirm that this sexual harassment will be or is being investigated? I will need to start escalating to others if these inquiries are unresponsive." (April 19, 2019).

G. "Hilton has been defaming and libeling me using misogyny for years, while claiming to be representing the views of UTSA. I want the sexual harassment and the libel to stop, and the false information (that I molest children in my lab and perform in pornography) publicly corrected." (April 29, 2019).

H. "If you are giving these titles to people, and they use them to defame and sexually harass scientists, it seems their title should be rescinded. Here are a few of the many places he has claimed to be an 'adjunct' at your institution. If these are incorrect, please let me know and I will address his false credentials with his licensing board." (April 30, 2019).

A complete, accurate and un-redacted copy of these written communications from Prause to the UT-Health is attached hereto and incorporated herein as Exhibit "7".

11. On May 20, 2019, I received notice from the Texas Medical Board (TMB) that the TMB had received a complaint filed by Prause. A copy of the notice letter is attached hereto and fully incorporated herein as Exhibit "8". The notice letter states:

> It has been alleged that you are stalking, cyberstalking, harassing, threatening, and issuing libelous and/or false statements regarding Nicole Prause, Ph.D. Please furnish a narrative to include whether or not you face any civil and/or criminal charges concerning these matters, and provide the cause numbers, case status, and contact information.

[2] I never stated that Dr. Prause performs or appears in pornographic films.

12. The complaint filed by Dr. Prause to the TMB is completely false. I never threatened Dr. Prause. For example, I have never said "I am going to do 'X' to you." I never stalked, cyberstalked, harassed, or threatened Dr. Prause. I have never been to Prause's house, I do not know where she works, and I have never followed her movements or kept track of where she is. Moreover, I never intentionally made any false and/or libelous statements regarding Defendant Prause, although I did criticize her professional work as explained more fully below. Of course, the TMB has the authority to discipline me and even suspend my medical license. Thus, even though the allegations were false and made in bad faith, they still had to be taken seriously. To fight this false complaint, I had to retain counsel (other than Mr. Packard) who specializes in defending doctors against the medical board. I also had to spend time, several thousand dollars, stress, worry and loss of sleep responding to the TMB.

13. In May, 2019, I also received notification of two additional complaints – this time from two journals who had published articles that I authored/co-authored. One journal was the *Proceedings of the National Academy of Sciences* (PNAS), and the other was the peer-reviewed journal, *Surgical Neurology International*. Dr. Prause had previously suggested in her emails to UT-Health that she would accuse me false credentials if I were not employed by that institution. In response to her complaint of sexual harassment, UT had informed Defendant Prause that I was not an employee of UT-Health. Shortly afterwards, I received a copy of a notice letter from PNAS stating they had received a complaint that I falsified/exaggerated my credentials – specifically, that I had claimed to be on the faculty of UT Health when I allegedly was not. A copy of the notice letter from PNAS is attached hereto and incorporated herein as Exhibit "9".

14. Of course, I am on the faculty at UT-Health as a volunteer adjunct professor. The concept of being an adjunct professor is not synonymous with being an employee. Adjunct professors are on the faculty of every major medical institution, and they provide important and valuable instruction to the students. Adjunct professors are very much a part of the faculty even if they are volunteers and are not employed by the particular university system to which they are affiliated. I have attached a complete and accurate copy of a letter from UT Health proving that I was on the faculty at the time I published with PNAS as Exhibit "10".

15. In response to these false accusations, I had to go to UT Health administrators, who had to look for documentation about when I was admitted to the faculty of UT Health. All this was happening at the same time the school was deciding what to do with the sexual harassment complaint Prause had filed with UT Health against me. Eventually, the documentation was found, and it was sent to the journals. (see Exhibit "10") This documentation shows that the accusations made against me to the journals were also false; I was, in fact, affiliated with UT Health and was a faculty member of that institution at the time the articles were published. Indeed, I continue to be a faculty member at the present time. I have attached a recent photo that I took showing that I am on the faculty of UT-Health in the department of neurosurgery as Exhibit "11".

16. I believe the real reason Prause lodged her false complaints and made her defamatory statements is because I'm an expert on the subject of how pornography adversely impacts

the brain. I have published papers and chapters in academic journals and textbooks demonstrating that pornography can lead to actual addiction, as that term has been defined in the scientific community. I have lectured and testified before government, academic and religious organizations all over the world explaining the adverse public health consequences caused by pornography.

17. In her papers and in other forums, Prause has critiqued/criticized my work. I have responded in the literature and in my lectures by challenging both the methodology and the conclusions of Prause's work. Thus, while there has been no personal interaction between Prause and me other than the brief, public encounter in 2009, there has been an important debate between the two of us in the literature and in the lecture halls about the state of the science as it relates to pornography and its public health hazards.

18. Over the past two decades, a vigorous academic debate has continued, and the concept of sexuality having an addictive potential has been advocated by many. For instance, the medical diagnostic classification instrument, the ICD-11, recently classified compulsive sexual behavior (CSB) as an impulse control disorder for the first time, and the American Society of Addiction Medicine (ASAM) has also recognized sexual addiction as a brain disease. Another mental health diagnostic instrument, the DSM-5, has classified gambling as a natural addiction, and many feel that given the similarities in the data between CSB and gambling, CSB, including compulsive pornography use, might be included as in impulse control disorder (as in the ICD-11) or even as a behavior addiction in the next edition. To date, 15 states have declared pornography a public health hazard by passing resolutions in at least one of their legislative chambers, with such a resolution having recently passed a Texas legislative committee.

19. Unfortunately, Prause has responded to these developments by attempting to assassinate the character of the researchers and experts who teach and publish about the adverse effects of pornography. Counting myself, Prause has falsely accused more than 10 scholars or activists (6 men and 4 women) – filing written complaints with various medical boards, academic institutions and employers. With some of these complaints, Prause has falsely accused her critics of personally sexually harassing her, stalking her, committing Title IX violations and/or committing other forms of sexual misconduct towards her. She also made other false accusations against these individuals. All of these witnesses have provided affidavits and are willing to testify as to the unprofessional and defamatory behavior of Prause.

    A. **John Adler, MD**. Dr. Adler is a Harvard-trained neurosurgeon who is the editor of the peer-reviewed journal *Cureus*. He is the Dorothy and Thye King emeritus professor of neurosurgery at Stanford University. Defendant Prause did not agree with a paper his journal published, so she made an allegation of "stalking" against Dr. Adler and filed a Title IX violation against him with Stanford University. This claim was found to be false. Defendant Prause's false allegations against Dr. Alder are detailed more fully in his affidavit.

    B. **Gary Wilson**. Mr. Wilson manages a web page called Your Brain on Porn, has written a book by the same name, and has given a TED talk on this subject. Defendant Prause has relentlessly attacked Mr. Wilson with numerous false

accusations. For instance, she has claimed that Mr. Wilson physically stalked her in Los Angeles when, in fact, he has not even been in Los Angeles for years. She also reported him to the Oregon Counseling Board, which complaint was ultimately dismissed because it was meritless. She filed a police report in which she told the police that she saw Mr. Wilson "wearing a sleeping bag and armed with a long sleeved sweater." All these allegations are false. Defendant Prause also claims that she reported Mr. Wilson to the police for stalking her, threatening her lab and mapping a route to her lab. Defendant Prause has publicly stated that she filed two FBI reports on Mr. Wilson. All these allegations are false. Defendant Prause's false allegations against Mr. Wilson are detailed more fully in his affidavit.

C. **Alexander Rhodes**. Mr. Rhodes founded an online community of over 200,000 individuals trying to quit using pornography. Defendant Prause stated that she had filed a complaint against Mr. Rhodes with the FBI and claimed that he was being investigated by that agency. We do not have confirmation that she actually made a complaint to the FBI or that the agency ever conducted any investigation. However, the mere statement in writing wherein Defendant Prause claimed that she reported him to the FBI and that the FBI was investigating him is an intimidating false statement designed to silence Mr. Rhodes. Defendant Prause's false allegations against Mr. Rhodes are detailed more fully in his affidavit.

D. **Staci Sprout, LCSW**. Staci Sprout is a therapist in Washington State. Defendant Prause reported Ms. Sprout to the state licensure agency, falsely accusing her of engaging in conspiracy theories. This was after falsely accusing her on Facebook of practicing without a license. Defendant Prause did this because Ms. Sprout supports an addictive model for problematic sexuality and pornography use. Defendant Prause's false allegations against Ms. Sprout are detailed more fully in her affidavit.

E. **Linda Hatch, PhD**. Defendant Prause falsely reported Dr. Hatch to the California Psychology Board because Dr. Hatch supports an addictive model for problematic pornography use. Dr. hatch had to defend herself to the Board and go through an extensive process. She was exonerated. Defendant Prause's false allegations against Dr. Hatch are detailed more fully in her affidavit.

F. **Bradley Green, PhD**. Defendant Prause falsely reported Dr. Green to the University of Southern Mississippi, his academic institution, because Dr. Green supports an addictive model for problematic pornography use. She accused him of unethical behavior and of lying, and reported the paper he wrote with Dr. Stefanie Carnes to the publisher Taylor and Francis, which initiated a lengthy review. In May 2019, Dr. Green was formally and completely cleared of falsification of data, thus establishing Dr. Prause's attack as another false accusation against a professional. Defendant Prause's false allegations against Dr. Green are detailed more fully in his affidavit.

G. **Stefanie Carnes, PhD.** Dr. Carnes was a co-author with Dr. Green on the above-referenced paper. In addition, Defendant Prause defamed and smeared the organization headed by Dr. Carnes, the International Institute for Trauma and

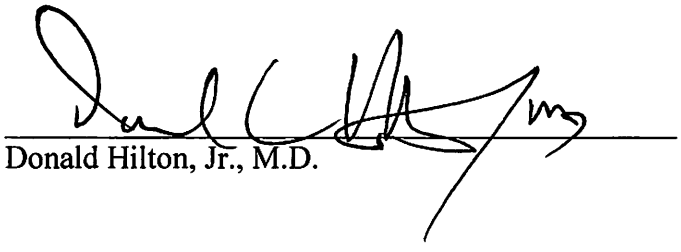
Addiction Professionals, (IITAP) of profiting from treating people seeking help from compulsive, addictive, and or out of control sexual behavior. Defendant Prause has accused IITAP of profiting from helping people overcome sexual addiction, a problem Defendant Prause says doesn't exist. Defendant Prause's false allegations against Dr. Carnes are detailed more fully in her affidavit.

H. Geoff Goodman, PhD. Defendant Prause falsely reported him to his institution (Long Island University) because he supports an addictive model for problematic pornography use. He underwent an extensive and embarrassing process in clearing his name from what were ultimately found to be false allegations. Defendant Prause's false allegations against Dr. Goodman are detailed more fully in his affidavit.

I. Exodus Cry. This is an abolition group fighting prostitution. Defendant Prause falsely reported this organization to the Missouri Attorney General for allegedly having a fraudulent 501(c)(3) (non-profit) mission statement. Their attorneys had to defend Exodus Cry and go through a lengthy process, and they were ultimately exonerated. Defendant Prause's false allegations against Exodus Cry are detailed more fully in the affidavit of Laila Mickelwait.

20. I am the third male professional Dr. Prause has accused of sexual harassment/Title IX violations.

I declare under penalty of perjury that the foregoing is based on my personal knowledge and is true and correct.



Donald Hilton, Jr., M.D.

Executed on the 9th of August, 2019.

CURRICULUM VITAE

NAME:	**Donald L. Hilton, Jr, MD, FACS, FAANS**
OFFICE ADDRESS	4410 Medical Drive, Suite 610 San Antonio, TX 78229 Phone: (210) 614-2453 Fax: (210) 477-5755
BIRTH DATE:	December 28, 1959
BIRTH PLACE:	Galveston, Texas
UNDERGRADUATE EDUCATION:	Port Neches Groves High School Port Neches, TX 1977
MISSIONARY SERVICE:	Church of Jesus Christ of Latter Day Saints South Africa, 1979-1980
UNDERGRADUATE EDUCATION:	Bachelor of Science, summa cum laude Lamar University, Beaumont, TX, 1983
MEDICAL EDUCATION:	Doctor of Medicine, cum laude University of Texas Medical Branch, School of Medicine Galveston, TX, 1984-1988
INTERNSHIP:	Surgical Internship University of Tennessee, Memphis, TN 1988-1989
RESIDENCY:	Neurosurgery University of Tennessee, Memphis, 1989-1994
HONORARY SOCIETIES AND HONORS:	Eagle Scout Phi Eta Sigma, 1978 Phi Kappa Phi, 1982 Alpha Omega Alpha, National Medial Honor Society, 1988
LICENSURE:	Texas State Board of Medical Examiners, #H7313, 1994
CERTIFICATION:	Fellow, American Board of Neurological Surgery 11/13/97, #97086

Fellow, American College of Surgeons, 10/14/99

PRIVATE PRACTICE: Neurosurgical Associates of San Antonio, P.A.
1994 to present

STAFF APPOINTMENTS: Chief, Department of Neurosurgery, Santa Rosa Hospital Northwest, 1999 to 2000

Chief, Department of Neurosurgery, Baptist Medical Center, 2001 to 2002

Vice-Chief, Department of Neurosurgery, Southwest Texas Methodist Hospital, 2001 to 2003

Chief, Department of Neurosurgery, Southwest Texas Methodist Hospital, 2003-2004

Chief, Department of Surgery, Stone Oak Methodist Hospital, March 2009 to 2010

ACADEMIC APPOINTMENTS: **Adjunct Associate Professor, current**
Department of Neurosurgery
University of Texas Health Science Center
San Antonio, TX
2006 to present

Director, CAST approves Spine Fellowship, current
Department of Neurosurgery,
University of Texas School of Medicine
San Antonio, TX

Director, Residency Training, Methodist Hospital, current
Department of Neurosurgery,
University of Texas School of Medicine
San Antonio, TX

BOARD TEACHING EXPERIENCE: The Osler Institute
Instructor, Neurosurgery Board Review Course
Chicago, IL 1998,
Houston, TX November 7, 1998
Tampa, FL - February 27, 1999

Atlanta, GA – September 25, 1999
Houston, TX – November 15, 1999
Houston, TX – September 16, 2000
Houston, TX – November, 2001
Houston, TX – November 11, 2002

American Association of Neurological Surgeons
Instructor, Goodman Oral Board Review Course
Houston, TX - April 21, 2007

HOSPITAL AFFILIATIONS:
Methodist Hospital
Methodist Specialty & Transplant Hospital
Metropolitan Methodist Hospital
Stone Oak Methodist Hospital
Baptist Health Systems

PROFESSIONAL SOCIETIES
Bexar County Medical Society
Texas Medical Association
Texas Association of Neurological Surgeons
American Association of Neurological Surgeons
AANS Joint Section on Neurotrauma and Critical Care
American College of Surgeons
Texas Medical Association
Specialty Society Alternate Delegate, May 2000

OFFICES HELD:
Secretary, Texas Association of Neurological Surgeons, 2004, 2005 & 2006.

Documentaries/Features:
The Porn Pandemic
Documentary
https://www.youtube.com/watch?v=NJ1ExvcsyLk

Addicted to Porn: Chasing the Cardboard Butterfly
Documentary
https://www.amazon.com/Addicted-Porn-Chasing-Cardboard-Butterfly/dp/B01LTIAB1E
Porn on the Brain
Nationwide New Zealand broadcast
https://www.youtube.com/watch?v=3iWY_Q3pqlI

W5:Generation XXX
Nationwide Canadian broadcast
http://www.ctvnews.ca/w5/freely-available-online-pornography-exposes-children-to-violent-abusive-sex-1.2590997

Local and national attention for minimally invasive tubular retractor system for lumbar spine surgery. Locally KENS TV, 11/17/98; nationally with CBS affiliates.

Local and national attention for minimally invasive tubular retractor system for lumbar and cervical spine surgery. KENS TV, June 2002, nationally with CBS affiliates

Dr. Donald L. Hilton, "Spines Will Never Be the Same", NSide MD, San Antonio Medical Journal, Volume II, Issue 2, June, July 2008

Best Doctors in America, 2005
Best Doctors in America, 2006
Best Doctors in America, 2007
Best Doctors in America, 2009
Best Doctors in America, 2010
Best Doctors in America 2011
Best Doctors in America 2012
Best Doctors in America 2013

Castle Connelly Top Doctors 2016 – Top Doctor for 5 Years

Texas Super Doctors, 2008
Texas Super Doctors, 2009-
Texas Super Doctors, 2010
Texas Super Doctors 2011
Texas Super Doctors 2012
Texas Super Doctors 2013
Texas Super Doctors 2016
Texas Super Doctors 2017
Texas Super Doctors 2018

PRESENTATIONS:

Medtronic Sofamor Danek, Current Concepts in Minimally Invasive Discectomy, Memphis, TN., July 15, 2000.

Minimally Invasive Spine Convention, Ho Chi Minh City, Viet Nam, Invited speaker – live surgical demonstration, May 2000.

American Association of Neurological Surgeons Annual Meeting, Minimally Invasive Spine Practical Course, San Francisco, April 2000.

Congress of Neurological Surgeons Annual Meeting, Current Surgical Options for Lumbar Discectomy: Comparison of Results. San Antonio, TX., September 2000.

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Southwest Texas Methodist Hospital
Director, "Minimal Access Spinal Technologies Hands –on Lab"
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San Antonio, TX-May 4, 2002

Director, METRx, Lecture Cadaver Course
Houston, November 2002

Satellite Training Center
Faculty, "Minimal Access Spinal Technologies Hands-on Lab"
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CME COURSE PRESENTER DVD:

Recorded at AANS Annual Meeting, "Minimally Invasive Cervical Microdiscectomy", DVD 601D, 2 of 3
Donald L. Hilton, Jr., M.D., Course Presenter
Kevin Foley, M.D., Course Director
American Association of Neurological Surgeons
Annual Meeting, San Francisco, CA, April 2006

Online Teaching Session
Minimally Invasive Spine Surgery: Lumbar Decompressive Techniques
American Association of Neurological Surgeons website
August 2008

PATENT:

United States Patent number: 7,549,992
Description: Surgical Instrument with Angled Attachment.
Inventors: Shores, Estes, Cihak, Hilton, AP, **Hilton, DL**
Grant Date: 23 June 2009

EXHIBIT
2

AGE	NO. OF ORGASMS	TIME INVOLVED	AGE	NO. OF ORGASMS	TIME INVOLVED
5 mon.	3	?	11 yr.	11	1 hr.
11 mon.	10	1 hr.	11 yr.	19	1 hr.
11 mon.	14	38 min.	12 yr.	7	3 hr.
2 yr.	7	9 min.	12 yr.	3	3 min.
	11	65 min.		9	2 hr.
2½ yr.	4	2 min.	12 yr.	12	2 hr.
4 yr.	6	5 min.	12 yr.	15	1 hr.
4 yr.	17	10 hr.	13 yr.	7	24 min.
4 yr.	26	24 hr.	13 yr.	8	2½ hr.
7 yr.	7	3 hr.	13 yr.	9	8 hr.
8 yr.	8	2 hr.		3	70 sec.
9 yr.	7	68 min.	13 yr.	11	8 hr.
10 yr.	9	52 min.		26	24 hr.
10 yr.	14	24 hr.	14 yr.	11	4 hr.

Table 34. Examples of multiple orgasm in pre-adolescent males

Some instances of higher frequencies.

EXHIBIT 3


Preview
EXHIBIT
4

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CURRENT CONTROVERSIES (PJ KLEINPLATZ AND C MOSER, SECTION EDITORS)

The Emperor Has No Clothes: A Review of the 'Pornography Addiction' Model

David Ley · Nicole Prause · Peter Finn

Abstract The addiction model is rarely used to describe high-frequency use of visual sexual stimuli (VSS) in research, yet common in media and clinical practice. The theory and research behind 'pornography addiction' is hindered by poor experimental designs, limited methodological rigor, and lack of model specification. The history and limitations of addiction models are reviewed, including how VSS fails to meet standards of addiction. These include how VSS use can reduce health-risk behaviors. Proposed negative effects, including erectile problems, difficulty regulating sexual feelings, and neuroadaptations are discussed as non-pathological evidence of learning. Individuals reporting 'addictive' use of VSS could be better conceptualized by considering issues such as gender, sexual orientation, libido, desire for sensation, with internal and external conflicts influenced by religiosity and desire discrepancy. Since a large, lucrative industry has promised treatments for pornography addiction despite this poor evidence, scientific psychologists are called to declare the emperor (treatment industry) has no clothes (supporting evidence). When faced with such complaints, clinicians are encouraged to address behaviors without conjuring addiction labels.

Keywords Pornography addiction · Pornography addiction model · Visual sexual stimulus (VSS) · Libido · Sensation-seeking · Erectile dysfunction · Addiction model · Impulsivity · Compulsivity

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Introduction

'Pornography addiction' is one label that has been used specifically to describe the high-frequency viewing of sexual images. Related concepts, such as 'sex addiction' or 'internet addiction' refer to broader constellations of behaviors. These address problem sexual (e.g., financial loss with high involvement with sex workers) or internet (e.g., web browsing in lieu of any family time) behaviors broadly. Competing models of high-frequency viewing of sexual images also have been offered, such as sexual compulsivity [1]. Some have claimed to abdicate models by using terms like 'hypersexual disorder', but these authors are still using a model of pathology. In this manuscript, we specifically critique the addiction model of high use of visual sexual stimuli.

Scientists investigating high-frequency sexual behaviors rarely describe these behaviors as an addiction (37 % of articles) [2••]. In fact, most scientists have overtly rejected the addiction model [3, 4]. The recent revision of the Diagnostic and Statistical Manual (DSM) similarly did not include sex addiction, citing "To include this as an addiction would require published scientific research that does not exist at this time" (Charles O'Brien, personal communication, September 19, 2013). Widely cited critiques of addiction models have been leveled against other behaviors as well, including food [5, 6], internet use [7], and gambling [8]. The perseverance of this term in the popular press and by some treatment providers is puzzling. The pseudoscientific practices surrounding the treatment of 'porn addiction' compel us to reveal that the emperor is not wearing any clothes [9].

The overwhelming majority of patients seeking help for high-frequency sexual problems report that frequency of viewing sexual stimuli is their main, or primary, problem [10]. The addiction model of visual sexual stimuli (VSS) viewing continues to be popular in the media and appears in the journal name of a clinical society focused on treatment issues (*Sexual Addiction and Compulsivity*). The current

review is specifically critical of addiction as an appropriate model for the high-frequency viewing of VSS, sometimes referred to as 'pornography addiction'. (Studies of 'addiction' to sexual imagery overwhelmingly use the biased term 'pornography' [11]. Since many benefits of sexual stimuli also have been identified (see below), we follow the APA recommendation to use less biased language [12••]. The empirically accurate term 'visual sexual stimuli' (VSS is used instead of 'pornography'. Other models for high-frequency VSS viewing are suggested, including non-pathology models.

Some have suggested that easier access to sexual films online is responsible for creating an epidemic of porn addiction [13]. Emotional images with movement significantly increase arousal over still images across a variety of domains [14]. Moreover, motion may be important for generating motivated states, such as generating actual fear to phobic objects rather than mere unpleasant affect [15]. Greater complexity (e.g., number of scene changes) in the films is known to impact posterior, but not anterior, cortical sites on the brain [16]. The more interest a person reports in a film, the greater their frontal alpha suppression during the film [16]. This finding was recently extended in response to sexual films [17]. In summary, sexual films, like other emotional films, engage the brain in ways consistent with high arousal, motivated states. The brain appears to respond similarly with sexual and other emotional films.

VSS use does not appear to be increasing despite increased availability. Fluctuations in VSS formats and legislation in recent decades helps to clarify this issue. VSS viewing in the USA has remained remarkably steady (near 22 %) since 1973, showing the greatest change with the introduction of the VCR after a period of legal prohibition [18]. Of those over age 18, 75 % now have regular internet access with 60 % reporting broadband at home and 55 % accessing the internet wirelessly [19]. In contrast to frequent claims in the popular media about an epidemic of porn use, no change in the last 4 decades has been noted in more detailed longitudinal data since internet access increased [20]. Further, searches for 'sex' (Google Analytics) appear stable since data collection started in 2004. It is possible that something about the films has changed over time, altering its effect. For example, those studying video games investigate changing 'realism' as predictors of the changing effects of video games [21]. Given that visual erotica has long appeared in film, realism is probably not the best parallel for VSS changes over time. No data have yet been offered to suggest how the VSS format or content may have changed over decades. VSS viewing appears very stable, with a larger change in viewing with the introduction of the VCR, not internet availability.

The prevalence of VSS problems reported is inconsistent. Clinicians frequently cite "up to 6 %" of the US population is sexually addicted. This estimate comes from clinical speculation in a popular book [22] in which the clinician/authors focusing their practice on these issues do not clearly define the boundaries of this diagnosis. Empirical estimates from nationally representative samples are that 0.8 % of men and 0.6 % of women report out of control sexual behaviors that interfere with their daily lives [23]. If one assumes these individuals might seek treatment, 82 % of treatment seekers report problems with VSS, and clinicians agree that they have a clinical problem in about 88 % of cases [10]. Thus, VSS problems might affect 0.58 % of men and 0.43 % of women in the USA.

Positive Effects of VSS Use

While much has been written about the potential negative effects of VSS, a number of positive effects also have been suggested [24]. Most people who view VSS believe that it improves their attitudes towards sexuality [25] and improves their quality of life [26]. More VSS viewing has been related to greater likelihood of anal and oral sex [27] and a greater variety of sexual behaviors [28]. This increased breadth of sexual behaviors could arise by increasing a person's feeling of empowerment to suggest new sexual behaviors or by normalizing the behaviors [29]. In any case, sexual novelty can increase pleasure in long-term partners. VSS can also promote pleasant feelings in the moment, such as happiness and joy [30, 31]. Additionally, VSS may provide a legal outlet for illegal sexual behaviors or desires. Increased VSS consumption or availability has been associated with a decrease in sex offenses [32•], especially child molestation [33, 34] and inhibition of aggression [35]. On the other hand, a large longitudinal study controlling for baseline attitudes and behaviors identified that VSS use accounted for only 0–1 % of the variance in gender role attitudes, permissive sexual norms, and sexual harassment in boys or girls [12••]. While much has been written about negative aspects of VSS for the general population, the many possible benefits suggest that VSS use is not problematic de facto.

Addiction Model

What is Addiction?

What should be labeled an addiction in the first place [36•]? 'Addiction' is a term that is often reified, when it really is being used as a theoretical construct or a model to describe a cluster of behaviors. The question raised in this review is whether VSS viewing could be described using an addiction construct or model, so it may be helpful to consider how the term 'addiction' is being used with substances.

DSM-5 introduced the term 'addiction' within the broad category 'Substance-Related and Addictive Disorders' over

the objections of the working group [37]. However, the term 'addiction' was specifically rejected to describe gambling [38] or substance use despite the section title. This suggests some tension over the utility of the addiction framework even for substances and gambling. Presumably, if 'addiction' possessed diagnostic or prognostic value, it would be defined and would distinguish clinical cases. Of course, the DSM is hardly the only consensus rejecting the utility of addictions. Increased modern understanding of the effects of various substances such as cannabis has raised questions about the scientific and clinical applicability of the concept as it has historically been defined. As with many other clinical concepts, addiction has seen significant 'bleed' as the term has been broadened to describe a wide range of problematic behaviors. While there seems to be a consensus that addiction is a useful construct to describe opiate dependence [39], the usefulness of 'addiction' to describe the excessive use of any drug [40], compulsive gambling [41], and excessive video game playing [42] has raised many concerns.

While we generally reject the usefulness of the term, if one is pressed, some commonalities have been suggested by addictions research. A key feature of addiction is the shift from using the drug for pleasure (liking) to using the drug due to need (wanting) [43, 44]. This transition is characterized by the shift from substance use associated with reward and pleasurable effects to cue-elicited compulsive use associated with cue-elicited craving. In other words, motivation shifts towards relieving craving or withdrawal, while the pleasure once associated with the substance recedes [43–45]. Finally, this pattern is associated with long-term changes in the neural circuits involving dopamine, glutamate, and GABA in the fronto-limbic system involving the interconnectedness of the ventral tegmental area, nucleus accumbens, amygdala, and prefrontal cortex [43, 44, 46]. Such a transition and long-term neural changes have yet to be demonstrated in any studies of 'porn addiction'.

Porn Addiction?

Many have attempted to generalize the patterns related to problem substance use to explain other behavior problems, including use of VSS [47]. Surprisingly, a clear, falsifiable theoretical model of 'porn addiction' has yet to be described. Some use addiction interchangeably with other labels such as hypersexual disorder (HD) – also known as sexual addiction [48]. Others define addiction broadly to refer to any substance or behavior with evidence of excessive appetite: "appetitive behaviour is excessive, at least in the statistical sense" [49]. Simply because a behavior is appetitive and frequently engaged does not mean the behavior is a problem, let alone an addiction. Even when consequences, distress, or dysfunction follow such behaviors, interaction with third variables, such as relationship status or culture, must first be examined.

Research concerning VSS use problems is also unusually weak, making any support for an addiction model necessarily weak. For example, studies usually fail to define the term 'pornography', either for participants or operationalized in the manuscript, and do not use psychometrically tested questionnaires to assess the types of VSS consumed [50]. Döring [51••] summarized research on VSS as "one seldom encounters more sophisticated research designs" where "one-shot studies are the rule", positive effects are rarely assessed, and cross-sectional data cannot establish causality (p. 1098). A review by Mudry et al. [2••] identified that a mere 27 % (13 of 49) of articles concerning high-frequency sexual behaviors contained actual data. In 2013, only a single psychophysiological study on the topic appeared [52]. In other words, most publications that might be relevant for VSS addiction models contain no data, and those that contain data generally are weak scientifically.

Given the absence of a clear model, a substance addiction model is used in this review as a basis to evaluate the sex addiction model. Using a substance addiction model means comparing the extent to which VSS 'addictions' resemble features of substance addictions. No doubt some will object to this framework, but no falsifiable alternative has been specified. For example, Griffiths [53] describes "behavioural addictions feature the core components of addiction (i.e., salience, mood modification, tolerance, withdrawal, conflict and relapse)". Others go so far as to recommend treatment parallel to 12-step interventions [54]. Clearly, the substance addictions model is being applied in pornography addiction.

We specifically review the appropriateness of 'porn addiction' with respect to its possible negative consequences, lack of control reported in viewing behaviors, and any neural evidence supporting a shift to wanting/craving rather than liking. Not every aspect of substance addiction models can be discussed. After these comparisons with substance addictions, possible alternative models of high-frequency VSS use are reviewed, including the possibility that no pathology exists.

Negative Consequences of High Use of VSS

High levels of VSS use alone are often alleged to cause negative life consequences, increased health-risk behaviors, as well as social and relational difficulties. These negative consequences are commonly identified as hallmark 'dysfunction' criteria to support the diagnosis of porn addiction. However, these negative consequences are not well established, and the causal link with VSS use is not clear.

High VSS Use Associations with Health-Risk Behaviors?

Cross-sectional studies have identified relationships between sex addiction and more unprotected anal sex [55], having

more previously unknown partners [56], and a greater likelihood of having ever paid for sex [57]. However, none of these address VSS use. In fact, some have argued that VSS use and masturbation may *reduce* health-risk behaviors by managing sex drive effectively and safely [58, 59]. Using data from the very large, representative longitudinal General Social Survey, Wright [60•] similarly found VSS use and engagement in casual sex were related only in those who reported unhappiness and low life satisfaction. Similarly, political ideology moderated the apparent relationship between VSS use and casual sex partners [20]. No study has demonstrated a direct, causal link between VSS use and health-risk behaviors.

Erectile Dysfunction and High VSS Use?

While no empirical claims tying erectile function and 'porn addiction' were identified, this is a frequent media claim. Two research groups studied erectile dysfunction (ED) specifically in young men. In one study, 26 % of men seeking treatment for first-onset ED were under age 40 [61•]. The main predictors of ED specific to the younger men were smoking and illicit drug use. Another study of men age 18–25 found 30 % reported ED [62]. Again, ED appeared primarily related to illicit drug use, but also depression and poor physical health. Neither study measured or conjectured about VSS use. Considering another study showed no differences during VSS viewing in the brains of men with and without ED [63], it is difficult to find evidence for a rise in ED in young men attributable to VSS use.

VSS viewing is almost always accompanied by masturbation [10], suggesting several mechanisms by which high-frequency VSS viewing could contribute to difficulties getting or sustaining an erection. However, both reflect basic physiology and learning principles, not pathology. First, men exhibit refractory periods. Refractory periods refer to the latency after an orgasm during which subsequent erection and orgasm are more difficult (for review, see Levin [64]). Sperm factors are affected positively by the latency since last ejaculation [65, 66], leading to speculation that refractory periods function to pace reproductive copulation. Increased VSS use means more recent orgasms, thus a male who views VSS more frequently is more likely to be within a refractory period when partnered sex is attempted.

The other non-pathological mechanism by which VSS viewing might contribute to decreased erections is learning. Sexual response can be conditioned to images of a penny jar [67], to specific sexual images using vibratory stimuli [68], and using sexual films as the unconditioned stimulus [69]. Even rodents appear unable to behave sexually in the absence of a conditioned jacket [70•]. Sexual responses also habituate [71–74]. In fact, habituation to sexual stimuli is faster than habituation to negative stimuli [75]. Physiology and learning, not addiction, can explain any links between VSS use and erections. In other words, increasing VSS use could lead to ED, but the causal mechanism is most parsimoniously explained by processes other than addiction.

Failure to Inhibit VSS Use

Anecdotal reports of addiction often describe individuals reporting difficulty controlling their use of VSS. To parallel substance addictions, VSS use should also be difficult to inhibit. However, a laboratory study did not identify any relationship between the ability to self-regulate sexual arousal to VSS and measures of hypersexual problems [76]. This finding was recently extended to demonstrate that sexual desire levels, not hypersexual problems, predict how well a person up- and down-regulates their sexual responses to VSS [77]. Similarly, sex addiction patients report dysexecutive problems [78], but do not actually exhibit them when tested [79]. If there is not actually any evidence for dysregulation, what might explain their reports of problems regulating VSS use?

Some have cited personal religious values as providing a conflict between their VSS use and feeling unable to stop. Religious conflict was the main reason cited for problems viewing VSS in one study [80]. Those who want treatment for sex addiction are also more likely to be members of organized religion and hold strong religious values [81•, 82]. However, the reverse was not true: religiosity explained little variance (3 %) in the decision to use VSS [83]. Far more people report a feeling of inability to control their VSS use, than actually report life difficulties resulting from their use [23]. Feeling unable to stop may reflect personal value conflicts with normal VSS use. No data currently support the notion that 'porn addicts' have difficulty inhibiting their VSS use.

Neuroadaptations to VSS Use

Data consistently demonstrate the ability of substances to shift brain response to craving, rather than liking, states. The same cannot be said of VSS. Sexual images are known to evoke stronger motivation than other pleasant images, manifesting in a variety of physiological indicators [84, 85]. Sexual images and films increase blood flow to many areas of the brain, including those associated with reward, relative to neutral films (for review, see Kühn and Gallinat [86]). VSS also provoke increases in dopamine-tagged ligands in PET [87, 88]. Also, VSS appear pleasant and rewarding to both men and women in fMRI studies [89]. This appears to fulfill the initial liking present in the development of substance addictions [90] and offers some commonalities with substance reinforcement [91], but in no case has a shift away from liking to wanting or craving been demonstrated.

In fact, no data have demonstrated that VSS are different from any other 'liked' activity or object [92•]. This is

important, because pathology should be conceptually distinct, not merely those on the high end of a construct like sexual desire [93]. For example, Florida students respond with increased late positive brain potentials to images of their adored Gator team over images of other sports [94•]. Similarly, those who have no problems with their eating still exhibit greater frontal alpha asymmetry to images of delicious desserts (EEG [95]) and striatal activity specifically increases to preferred chocolate brands (fMRI [96]). Also, activity in the left nucleus accumbens to delicious foods positively predicts BMI change prospectively [97] in those without any known eating pathology. Those who enjoy extreme sports also show differential modulation of the brain response (P300) not associated with pathology [98]. In summary, stronger neural responses occur to any enjoyed activity that is not pathological [99]. Thus, stronger activation to VSS in those reporting liking VSS more are both expected and non-pathological.

VSS processing can further be associated with state and trait differences, which would be necessary to associate 'addicts' responses. Activation of entorhinal cortex activity is lesser in those who report hypoactive sexual desire problems [100]. Left insula and right thalamus activity is lesser to VSS in those with lower levels of sexual desire [101]. Further, frontal alpha asymmetry to sexual films are also related to reported sexual arousal, particularly in women [17]. However, no shift in neural response in 'porn addicts' has been demonstrated.

Substance use problems appear heritable, suggesting a biological susceptibility. For example, those with higher genetic risk for alcoholism similarly are more reactive to alcohol cues [102]. Sexual debut and risk behaviors are heritable (for review, see Harden [103]). Sexual sensitivity also appears heritable, such as with orgasm capacity in women [104, 105]. However, heritable components of VSS use have not been demonstrated.

ΔFosB has recently drawn increased interest in substance addictions. This transcription factor is implicated in epigenetic effects in the nucleus accumbens, via direct D1 pathways, that occur in both normal reward learning and drug taking [106]. This is being interpreted as a mechanism by which drugs may chronically decrease dopamine signaling [107]. Similar changes have been demonstrated to food following the administration of high fat diets to rodents [108]. Increased latency to mount and intromission, though not ejaculation, have been observed in sexually experienced male rodents [109]. This was interpreted as evidence of ΔFosB as a "critical mediator for reward reinforcement and natural reward memory", although sex addiction was not discussed (p. 837). There are serious challenges to measuring ΔFosB in humans, and null results have been reported in humans to date (e.g., in alcoholics in Watanabe et al. [110]). Even more problematic is that the rodent model of hypersexuality is male on male mounting behaviors [111]. It appears that pathologizing homosexual behaviors would be necessary to test ΔFosB as a mediator in a rodent model of sex addiction. 'Porn addiction' languishes without any clear animal model.

Alternative Models

If high-frequency VSS viewing is not usefully described as an addiction, is there a better model to describe those who report problems regulating their VSS viewing and experience negative consequences from it? Several alternative models have been suggested. Before describing the possible pathology models, it is important to note that high-frequency viewing of VSS may not be pathological at all. First, we review several correlates of VSS use that are inconsistent with pathology. Next, we review compulsivity and impulsivity models of these behaviors.

Secondary Gain

The treatment of pornography and sex addiction is a lucrative, largely unregulated industry. The industry makes many claims for treatment and success, with little (to no) published data. Many treatment centers in the USA have emerged claiming to treat sex addiction. The first 20 inpatient facilities advertising on the internet to treat sex and/or porn addiction in the USA were contacted. They averaged a cost of US$677 (*SD* = $403) per day. They required or recommended between 9 days to 9 months minimum of inpatient stay. For example, one center claims their sex addiction treatment is "clinically shown to produce results that are up to 3 times faster and 11 times more effective than traditional treatment methods", although none of the articles on their website (nor in the literature) actually test sex addiction [112]. The use of medications 'off-label' to treat 'pornography addiction' also appears common. Drugs originally designed to treat alcoholism, depression, and ED have all been suggested [113, 114]. This therapeutic opportunism is well characterized [115]. Some have advocated for transparency, requiring therapists to inform patients that such therapies are experimental, and have not been tested for sex addiction [116•].

Many of the treatment centers and providers also claim religious affiliations, raising questions about the nature of supposed pathology if it is rooted in a particular religion. Some of the most outspoken advocates for an addiction pathology model have publications making explicitly religious arguments against VSS viewing [117–119]. Religiosity is one of the strongest (negative) predictors of problems with internet VSS use [82]. The risk of conflating profit motive and diagnosis in a population vulnerable due to their strong religious beliefs appears high.

VSS Use and Mental Health Problems

VSS use might be elevated due to mental health problems that are not explicitly sexual, such as depression [120]. Those with more frequent use of VSS reported more depressive symptoms, poorer quality of life, lower health status and more days that were diminished due to mental and physical health [121] in addition to more drug and alcohol use [122]. The number of hours one spends viewing VSS also is related (r=.24) to the severity of psychological symptoms [123]. These negative relationships appear more common in males. Similarly, those who specifically report problems with VSS were significantly more likely to report current or past psychiatric treatment, mental health therapy, and suicide ideation [124].

Given that positive effects also are common (reviewed above) and the positive and negative effects of VSS use often are even correlated, data are needed to address causality between VSS use and mental health problems. Causality could be supported by demonstrating that (i) the mental health problems occur after the VSS use (or increase with greater VSS use), (ii) third variables do not account for the apparent relationship between mental health problems and VSS use, and (iii) problems increase in a dose-response fashion with greater VSS use. Limited data to date refute each requirement.

When examined over time, mental health problems *do not* follow VSS use. In a large sample of Dutch adolescents, lower life satisfaction predicted greater VSS use at time 2 [125]. This is the reverse of what would be expected if VSS use were causing life dissatisfaction.

VSS use also may be related to a number of other variables that better account for a VSS–mental health relationship. For example, even when loneliness was strongly predicted by overall Internet use, researchers failed to appropriately statistically control for general Internet use and attributed loneliness to VSS use [126]. It is rare that investigators even collect data on such third variables, however, so this study represents a positive step.

Others have reached similar conclusions: "the high comorbidity rates in the present sample call into question the extent to which it is possible to speak of Internet sex addiction as a primary disorder or whether it is more appropriate to view it as a symptom of another underlying mental health problem" [127]. In summary, it is baffling that VSS use is described as 'comorbid' with mental health issues (e.g., "comordbid hypersexual behavior and ADHD" in Reid et al. [128]). This language elevates VSS use to disorder status and should be avoided.

VSS Use Explained by Sex Drive

More VSS use is related to higher levels of libido/sexual arousal. Individuals who report being more aroused by VSS also use VSS more and report higher levels of sexual desire [122, 123, 129, 130]. Two studies directly investigating high desire models found support for these models. In one study, those who desired help regulating their sexual behaviors were only distinguished by a high sexual desire level [81•]. In the second study, neural responses to sexual stimuli were related to sexual desire levels, but not any (of three) measures of sexual addiction [52]. Indirect evidence also comes from a study in which single women looked longer than women in relationships at images of men [131]. Desire discrepancy, rather than low sexual desire, appears central to couples reporting a mismatch of desire [132]. VSS may be blamed for problems really due to a mismatch of sexual needs.

VSS Use Explained by Sensation Seeking

Higher need or desire for sensation is predictive of more frequent use of VSS, in both adolescents and adults [12••, 133, 134]. A higher need for sensation seeking may drive individuals towards forbidden or taboo experiences, may be connected to higher libido, may result from increased VSS use, or may dispose individuals to use exciting sexual stimuli or experiences as a form of emotional coping. Little information exists as to whether sensation seeking acts as a disposing characteristic, is a result of use of VSS and other sexually adventurous behaviors, or is bidirectional. Future research may further elucidate the connections between this variable and problems related to VSS.

VSS Use as Effective Affect Regulation

Individuals report using VSS to cope with negative emotions, and such use is frequently identified as a core symptom of sex addiction. Although this strategy may contribute to relationship conflict [124, 135], VSS are likely effective for regulating emotion. Like other emotional images, VSS capture cognitive resources effectively [136]. Distraction is an effective method for reducing negative affect [137]. Although distraction is relatively less effective for regulating emotions than other strategies [138], distraction also requires less effort than other strategies [139]. Thus, VSS appear likely to be effective in improving mood, possibly in similar ways to pleasant cartoons [55]. Recent experimental evidence suggested that people with problems regulating their viewing of VSS respond with similarly positive emotions while viewing VSS to people without problems [140]. Those with higher sexual compulsivity also appear more prone to respond with increased interest (assessed by attractiveness ratings and gaze direction) to flirtatious faces after a shame induction than those with lower sexual compulsivity [141]. Data have not yet demonstrated that using VSS to regulate mood is ineffective or leads to specific problems.

VSS Use and Sexual Orientation

Studies that examine rates of VSS use consistently find high rates of use in men who self-identify as gay or bisexual. Cooper et al. [142] described overrepresentation of men who have sex with men (MSM) in groups reporting the highest rates of use of VSS. Studies examining rates of VSS use in nationally representative samples find higher rates of VSS use in both adolescents and adults who identify as other than heterosexual [133], as do studies of clinical samples [143]. Trials of DSM-5 hypersexual disorder criteria found that MSM were more than three times as likely to be in such treatment settings, compared with rates of MSM in comparable substance abuse or mental health facilities [144].

Increased use of VSS in these populations may reflect adaptive strategies. MSM may be more likely to seek information and stimuli consistent with their sexual orientation. This may reflect a common component of the 'coming-out process' of forming a stable sexual identity [145]. In other words, VSS use could reflect the behaviors of a disenfranchised group seeking safe, anonymous venues to explore their sexual needs, or may reflect unique aspects of homosexual culture. It also may simply reflect the higher sexual drive of men (see above). Studies that examine use of VSS in MSM find that these men overwhelmingly endorse these positive benefits from VSS use [146]. Rates of VSS use in MSM may reflect unique aspects of homosexuality, aspects of male sexuality, or both.

Impulsivity

Impulsivity broadly refers to a sudden urge to respond to a (internal or external) cue with less executive mediation than is probably appropriate. In VSS use, this might mean noticing a sexual cue and beginning to use VSS with little consideration for other immediate time demands. Measures of impulsivity correlate moderately with measures of sexual compulsivity and experiential avoidance [147] and sexual arousal reported to VSS [148]. A pilot study (N=16) suggested that patients made more errors on a task indicative of impulsivity than controls [149]. A recent evoked response potential study further supported this model, identifying that those reporting problems regulating their VSS use exhibited decreased neural motivation to sexual images [150]. New fMRI models suggest impulsivity might reflect a greater isolation of prefrontal brain areas from appetitive-associated subcortical structures [151]. A larger body of experimental work appears available to guide future investigations testing an impulsivity model of high-frequency VSS use.

Compulsivity

Compulsivity broadly refers to the perseveration of behaviors, which could characterize repeatedly returning to VSS. Some have argued that compulsive behaviors are best viewed as a type of impulsivity [114]. However, perseveration is distinguishable from impulsive problems in the brain. Orbitofrontal lesions in rodent models specifically provoke perseveration, separating these from discrimination errors affected by dorsal anterior cingulate cortex lesions [54]. Differences between impulsive and compulsive behaviors also have strong characterization in humans [116•]. Dissociations between impulsivity and compulsivity also have been used to meaningfully differentiate clinical profiles, such as in hair-pulling [152].

Compulsivity has become a very popular term to refer to high-frequency sexual behaviors, although little research exists to clearly support differentiating sexual behaviors as compulsive. Cooper (1998) appears one of the first to use this term. His widely-cited "Triple-A Engine" (Accessibility, Affordability and Anonymity) is cited as driving VSS compulsions, especially to relieve negative affect by 'positive reinforcement' [124]. However, no one has directly tested whether compulsivity is a reasonable model for characterizing high-frequency VSS use.

Conclusions

VSS may have a number of links to positive health outcomes, especially through its connection to orgasm. For example, VSS could reduce sexual risk behaviors. In a longitudinal study, those who reported higher sexual sensation seeking engage in more risky sexual behaviors, and sexual sensation seeking is inversely related to VSS viewing [153]. One possibility is that those with higher sexual sensation seeking use VSS at younger ages and broaden the content of their VSS when sexual partners are not available to them to engage in actual sexual risk behaviors [154]. This is consistent with suggestions that masturbation, which almost always accompanies VSS viewing, could reduce risky partnered sexual behaviors [59]. The potential risk in labeling VSS as only addictive, and the role of VSS in regulating emotions as inherently problematic, misses opportunities to take advantage of the positive features of VSS (cp., cognitive retraining in gaming as in Bavelier and Davidson [155]).

Based upon the empirical data reviewed herein, the tenacity and popularity of the porn addiction concept to describe high rates of VSS use appears to be driven by non-empirical forces. Based upon this review, the authors suggest that this popularity reflects several factors. First, the concept of addiction itself is broadly used in the media to describe any high-frequency behavior that can be associated with problems for the individual or society. The lack of specificity makes the term nearly useless to scientists or clinicians. Secondly, the strong desire of most clinicians to be helpful to those in pain has been leveraged into a large, lucrative treatment industry benefitting from the perception that these behaviors are addictive and

require (paid) assistance to change. Finally, the ability to label VSS use as addictive appears to serve sociocultural functions. The label supports moralistic judgments, the stigmatization of sexual minorities, and the suppression of certain sexual expressions and behaviors. The concept of porn addiction is one mechanism to exert social control over sexuality as expressed or experienced through modern technological means. Mere conflict between a person's preferences and social standards should not be used to characterize pathology [156]. Moreover, this label may distract attention from the more likely causes of the negative consequences spuriously correlated with VSS use.

Individuals reporting 'addictive' use of VSS could be conceptualized using the approach outlined here. These individuals may be likely to be male, have a non-heterosexual orientation, have a high libido, tend towards sensation seeking, and have religious values that conflict with their sexual behaviors and desires. They may be using VSS as a means of coping with negative emotional states or decreased life satisfaction. When faced with such complaints, clinicians are encouraged to address these factors without conjuring addiction labels. As better models for high-frequency VSS use are tested, we may yet be able to spin fine cloth as an effective method for assisting these individuals without pathologizing them or their use of VSS.

Compliance with Ethics Guidelines

Conflict of Interest David Ley has received royalties from Rowman & Littlefield Publishers, is a paid blogger/writer for *Psychology Today*, and has had travel expenses covered by various media outlets for appearances on television shows.

Nicole Prause and Peter Finn declare that they have no conflict of interest.

Human and Animal Rights and Informed Consent This article does not contain any studies with human or animal subjects performed by any of the authors.

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Nicole Prause, Ph.D.
@NicolePrause

Follow

@Melissa_Hillxxx @jeannesilverXXX I think Jeanne's story I heard at AVN was amazing. I'll refrain from getting myself in more trouble!

RETWEETS 2 FAVORITES 2

6:56 PM - 1 Jun 2015

Liberos
@NicoleRPrause

Follow

Replying to @xFaeryPrincessx @Porn_Harms and 2 others

Oh nuts. Well, if you're not coming in for AVN or something, then I'll send third shirt for *next* RT!

9:28 PM - 27 Dec 2018

2 Likes

1 2

Tweet your reply

Avalon @xFaeryPrincessx · 20h

Replying to @NicoleRPrause @Porn_Harms and 2 others

No AVN for me but I hope you have an amazing time there, & get lots of attention for these important tshirts 😁💖

4

From: Nicole Prause <nicole.prause@gmail.com>
Sent: Friday, April 19, 2019 11:00 AM
To: OGC Intake <OGC_Intake@utsystem.edu>; Blankmeyer, Bonnie - UT HSC San Antonio <blankmeyer@uthscsa.edu>
Subject: Re: Sexual harassment complaint: Dr. Donald Hilton, Dept Neurosurgery

External Mail
Would you confirm that this sexual harassment will be or is being investigated? I will need to start escalating to others if these inquiries are unresponsive.

On Wed, Apr 17, 2019, 7:19 PM Nicole Prause <nicole.prause@gmail.com> wrote:

> Would you please confirm that this sexual harassment complaint is being directed to the appropriate office for investigation?
>
> Nicole Prause, Ph.D.
> Liberos
>
> On Tue, Apr 16, 2019 at 6:58 PM Nicole Prause <nicole.prause@gmail.com> wrote:
>
> > To whom it may concern:
> >
> > I am a neuroscientist with two university appointments being openly sexually harassed by your faculty member Dr. Donald Hilton. Specifically, he publicly claims that I personally appear in pornographic films, attend the Adult Video Network awards, and molest children in my laboratory, because I trained at The Kinsey Institute. These are all demonstrably false. The latter is a well-known, long-falsified conspiracy theory of a religious right group of which Hilton is a member. Of course, claiming I sexually molest children at my workplace places me in immediate danger by soliciting violence against me as occurred with other false accusations of pedophilia online.
> >
> > Some of the claims Hilton placed in an extensively circulated document (attached) that he created and linked to his University of Texas adjunct appointment. He also attempted to get a Houston Chronicle reporter, Mr. Sokol, to print that I was in pornography with no evidence (attached). Mr. Sokol was able to determine Donald Hilton's claims were fabricated (attached) and did not print them.
> >
> > I have filed a complaint against Hilton's medical license for sexual harassment. However, he clearly uses his UT affiliation to promote his sexual harassment. As a female scientist, he is uniquely attacking my gender with these false claims about my sexuality.

> Please direct my sexual harassment complaint against Donald Hilton to the appropriate officer for investigation.
>
> Nicole Prause, Ph.D.
> Liberos

From: Nicole Prause <nicole.prause@gmail.com>
Sent: Wednesday, April 17, 2019 9:20 PM
To: OGC Intake <OGC_Intake@utsystem.edu>; Blankmeyer, Bonnie - UT HSC San Antonio <blankmeyer@uthscsa.edu>
Subject: Re: Sexual harassment complaint: Dr. Donald Hilton, Dept Neurosurgery

** External Mail **

Would you please confirm that this sexual harassment complaint is being directed to the appropriate office for investigation?

Nicole Prause, Ph.D.

Liberos

On Tue, Apr 16, 2019 at 6:58 PM Nicole Prause <nicole.prause@gmail.com> wrote:

> To whom it may concern:
>
> I am a neuroscientist with two university appointments being openly sexually harassed by your faculty member Dr. Donald Hilton. Specifically, he publicly claims that I personally appear in pornographic films, attend the Adult Video Network awards, and molest children in my laboratory, because I trained at The Kinsey Institute. These are all demonstrably false. The latter is a well-known, long-falsified conspiracy theory of a religious right group of which Hilton is a member. Of course, claiming I sexually molest children at my workplace places me in immediate danger by soliciting violence against me as occurred with other false accusations of pedophilia online.

Some of the claims Hilton placed in an extensively circulated document (attached) that he created and linked to his University of Texas adjunct appointment. He also attempted to get a Houston Chronicle reporter, Mr. Sokol, to print that I was in pornography with no evidence (attached). Mr. Sokol was able to determine Donald Hilton's claims were fabricated (attached) and did not print them.

I have filed a complaint against Hilton's medical license for sexual harassment. However, he clearly uses his UT affiliation to promote his sexual harassment. As a female scientist, he is uniquely attacking my gender with these false claims about my sexuality.

Please direct my sexual harassment complaint against Donald Hilton to the appropriate officer for investigation.

Nicole Prause, Ph.D.

Liberos

From: Nicole Prause [mailto:nicole.prause@gmail.com]
Sent: Tuesday, April 30, 2019 10:40 AM
To: Kopplin, Carol L <KOPPLIN@uthscsa.edu>
Subject: Re: Your Voice Mail Message

Hi Carol,

My apologies, the person I spoke with was in the health sciences center. She also stated that he was not an employee, but had a "courtesy" title due to volunteering to do something. If you are giving these titles to people, and they use them to defame and sexually harass scientists, it seems their title should be rescinded.

Here are a few of the many places he has claimed to be an "adjunct" at your institution. If these are incorrect, please let me know and I will address his false credentials with his licensing board.
https://endsexualexploitation.org/people/donald-hilton-m-d/ (attached)
https://vimeo.com/190633252 (attached)
http://uthscsa.edu/neurology/nsgr_2017.asp (attached)
https://cdn.website.thryv.com/f1d2863c49d04a6986c0489f3c0655a0/files/uploaded/CVDLH.pdf (attached)

Nicole Prause, Ph.D.
Liberos

From: Nicole Prause [mailto:nicole.prause@gmail.com]
Sent: Monday, April 29, 2019 4:30 PM
To: Kopplin, Carol L <KOPPLIN@uthscsa.edu>
Subject: Re: Your Voice Mail Message

Missing attachment

On Mon, Apr 29, 2019 at 2:28 PM Nicole Prause <nicole.prause@gmail.com> wrote:

> Hi Carol,
>
> Email might be easier anyway. Donald Hilton has an adjunct appointment in Neurosurgery. I was told by UTSA that it is a courtesy volunteer appointment, so he does not receive any pay nor have responsibilities from UTSA. Since my appointment is at a different university, the UTSA Title IX office indicated that they could not act on my complaint (attached).
>
> Hilton has been defaming and libeling me using misogyny for years, while claiming to be representing the views of UTSA. I want the sexual harassment and the libel to stop, and the false information (that I molest children in my lab and perform in pornography) publicly corrected.
>
> Nikky

STAFF APPOINTMENTS:	Chief, Department of Neurosurgery, Santa Rosa Hospital Northwest, 1999 to 2000
	Chief, Department of Neurosurgery, Baptist Medical Center, 2001 to 2002
	Vice-Chief, Department of Neurosurgery, Southwest Texas Methodist Hospital, 2001 to 2003
	Chief, Department of Neurosurgery, Southwest Texas Methodist Hospital, 2003-2004
	Chief, Department of Surgery, Stone Oak Methodist Hospital, March 2009 to 2010
ACADEMIC APPOINTMENTS:	Adjunct Associate Professor, current Department of Neurosurgery University of Texas Health Science Center San Antonio, TX 2006 to present
	Director, Spine Fellowship, current Department of Neurosurgery, University of Texas School of Medicine San Antonio, TX
	Director, Residency Training, Methodist Hospital, current Department of Neurosurgery, University of Texas School of Medicine San Antonio, TX
TEACHING APPOINTMENTS:	The Osler Institute Instructor, Neurosurgery Board Review Course Chicago, IL 1998.

Donald Hilton, M.D.

BOARD MEMBER

Dr. Hilton is a neurosurgeon and clinical associate professor in the Department of Neurosurgery at the University of Texas Health Sciences Center, serving as director of the spine fellowship at the medical school program, and director of neurosurgical training for the residency program at the Methodist Hospital. He travels and speaks nationally and internationally, and has published book chapters and peer-reviewed journal articles, with special interest in minimally invasive spinal surgery and neural mechanisms involving addiction.

He is currently listed in Best Doctors in America, is a member of Alpha Omega Alpha Medical Honor Society, and is a fellow of the American College of Surgeons and of the American Association of Neurological Surgeons.

He has recently authored and co-authored several papers on addiction in peer-reviewed journals. One published in 2011 in the *Journal of the Proceedings of the National Academy of Sciences (PNAS)* investigated the role of natural instinctive craving in addiction. In addition, other papers published in 2013 and 2014 in the journal *Socioaffective Neuroscience and Psychology* explored pornography addiction from the perspective of neural learning models.

Dr. Donald Hilton, M.D. Interview || Truth About Porn

2 years ago

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Dr. Donald Hilton, M.D.
Neurosurgeon, University of Texas, San Antonio
--
Dr. Hilton is an adjunct associate professor of neurosurgery at the University of Texas Health Science Center at San Antonio, where he is the director of the spine fellowship and the director of neurosurgical training at the Methodist Hospital rotation. He is a fellow of the American College of Surgeons and of the American

More from Truth About Porn
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Dr. Donald Hilton, ...
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Dr. Melissa Farley,...
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Ernie Allen Intervi...
Truth About Porn

Friday, June 23, 2017

Donald Hilton, MD

Topic –TBA

The speaker has no relevant financial relationships with commercial interests to disclose.

Texas Medical Board

MAILING ADDRESS: P.O. BOX 2018 • AUSTIN TX 78768-2018
Location Address: 333 Guadalupe, Tower 3-Suite 610, Austin TX 78701
PHONE: (512) 305-7100 • Fax (512) 305-7123 • Web Site Address: www.tmb.state.tx.us

May 20, 2019

DONALD LONG HILTON JR, MD
4410 MEDICAL DRIVE, SUITE 610
SAN ANTONIO, TX 78229

Re: File # 19-6067 (please refer to this number in future correspondence)

Dear Doctor HILTON:

The Texas Medical Board (TMB) has received a complaint against you. According to state law, Texas Medical Practice Act § 154.057 (a)-(b), all complaints received by the Board must be evaluated within 45 days, or the complaint is automatically filed for investigation.

Within a 45-day period, the Board must determine if there is a potential violation of the Medical Practice Act which warrants an official investigation, or if the complaint should be closed without being filed as an official investigation. Your response is important to the Board's evaluation.

As part of this process, you will have 28 days from the date of this letter to respond to this complaint. **Your response is due on or before 06/17/2019**. In order to meet the statutory deadline, no extension can be granted.

A determination will be made after considering your response and other available evidence. If a formal investigation is warranted and filed, you will receive a notice letter with additional information. If the formal investigation is not filed, you will be notified in writing within the next few weeks. The complaint and your response, if any, will become part of the agency record of this matter.

These allegations(s) fall under the general statutory violation of:

164.052(A)(5) UNPROFESSIONAL CONDUCT

The complaint allegations specifically relate to:

It has been alleged that you are stalking, cyberstalking, harassing, threatening, and issuing libelous and/or false statements regarding Nicole Prause, Ph.D. Please furnish a narrative to include whether or not you face any civil and/or criminal charges concerning these matters, and provide the cause numbers, case status, and court contact information.

Please forward your response and documentation to mail drop MC-263 at the address listed above. If you have any questions, please contact Enforcement Support at (512) 305-7100.

Sincerely,

Texas Medical Board

EXHIBIT
8

----- Forwarded Message -----
From: Kavanagh, Etta <EKavanagh@nas.edu>
To: dhiltonjr@sbcglobal.net <dhiltonjr@sbcglobal.net>
Sent: Monday, May 13, 2019, 5:19:56 PM CDT
Subject: PNAS manuscript 2011-09199: Relation of addiction genes to hypothalamic gene changes subserving genesis and gratification...

Dear Dr. Hilton,

I am contacting you regarding your 2011 PNAS paper “Relation of addiction genes to hypothalamic gene changes subserving genesis and gratification of a classic instinct, sodium appetite” (2011-09199). We were contacted by a reader who noted that your affiliation in the published paper (Department of Neurosurgery, University of Texas Health Science Center, San Antonio) may be incorrect. Please let me know if this was your correct affiliation at the time the paper was pubished (July 2011). I have attached a copy of the paper for your reference. Thank you very much.

Sincerely,

Etta Kavanagh

Editorial Manager

PNAS

Print Form

The University of Texas Health Science Center at San Antonio

TO: Office of the Vice President for Academic Administration — April 14, 2011 (Date)
VIA: Respective Dean
FROM: Department of Neurosurgery
SUBJECT: Request for Initial Faculty Appointment

NAME OF PROPOSED FACULTY MEMBER: Donald L. Hilton, Jr., MD. — EFFECTIVE DATE: May 16, 2011

Academic rank recommended: ~~Clinical~~ Adjunct Associate Professor — Tenure: ____ — Tenure Track: ____

Non-tenured clinical appointment: X — Non-tenured research appointment: ____

Put a check by the leg(s) [area(s) of strength] for consideration.
One leg is needed for non-tenure track; two legs are required for tenure track:
____ Research
X Teaching
____ Service

CONCURRENT APPOINTMENT(S): ____
(Requires approval of all concurring Chairman)

TRANSFER: ____
(Requires approval of both Chairmen)

Base rate recommended:	$ 0	Percent time: ~~10%~~ 0%
Annual MSRDP/DSRDP augmenttin rate recommended:	$ 0	
TOTAL:	$ 0	

ATTACHMENTS (typed):

☒ Biographical Data Sheet	(Original + 1 copy)
☒ eCV	(Original + 2 copies)
☒ Detailed letter from Chairman documentating qualifications: Ranks requiring Institutional Faculty Promotions, Tenure, and Appointments Committee action (original included in packet)	(2 copies)
Ranks not requiring Institutional Faculty Promotions, Tenure, and Appointments Committee action	(Original = 1 copy)
N/A Faculty Recruitment Report (Attachment 4)	(Original = 1 copy)

IF APPLICABLE:

☐ MSRDP/DSRDP enrollment forms	
☐ UT System Professional Liability Insurance enrollment form	(Original)
☐ Current Texas medical license	(1 copy)
☐ BCHD Medical-Dental Staff application packet	

ACKNOWLEDGEMENT:
☒ Original Transcript Received and Copy Attached
☒ Criminal Background/Sanction Check Performed and Clearance Received

SUBMITTED BY:
Home Department Chairman — Concurring Department Chairman
Reviewed and Approved by Appropriate Dean: ____ 5-5-11 (Date)

Action of President ☐ Approval ☐ Disapproval
President — Date

Original – Human Resources
Copy – Budget Office
Copy – President's Office
Copy – Dean's Office
Copy – Department

F395-040-030

UTHSC AT SAN ANTONIO
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Office of the Dean
School of Medicine

EXHIBIT 10

Form FA-2
1/09/cs #745354

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SAN ANTONIO

Department of Neurosurgery
neurosurgery.uthscsa.edu

MEMORANDUM

DATE: April 25, 2011,

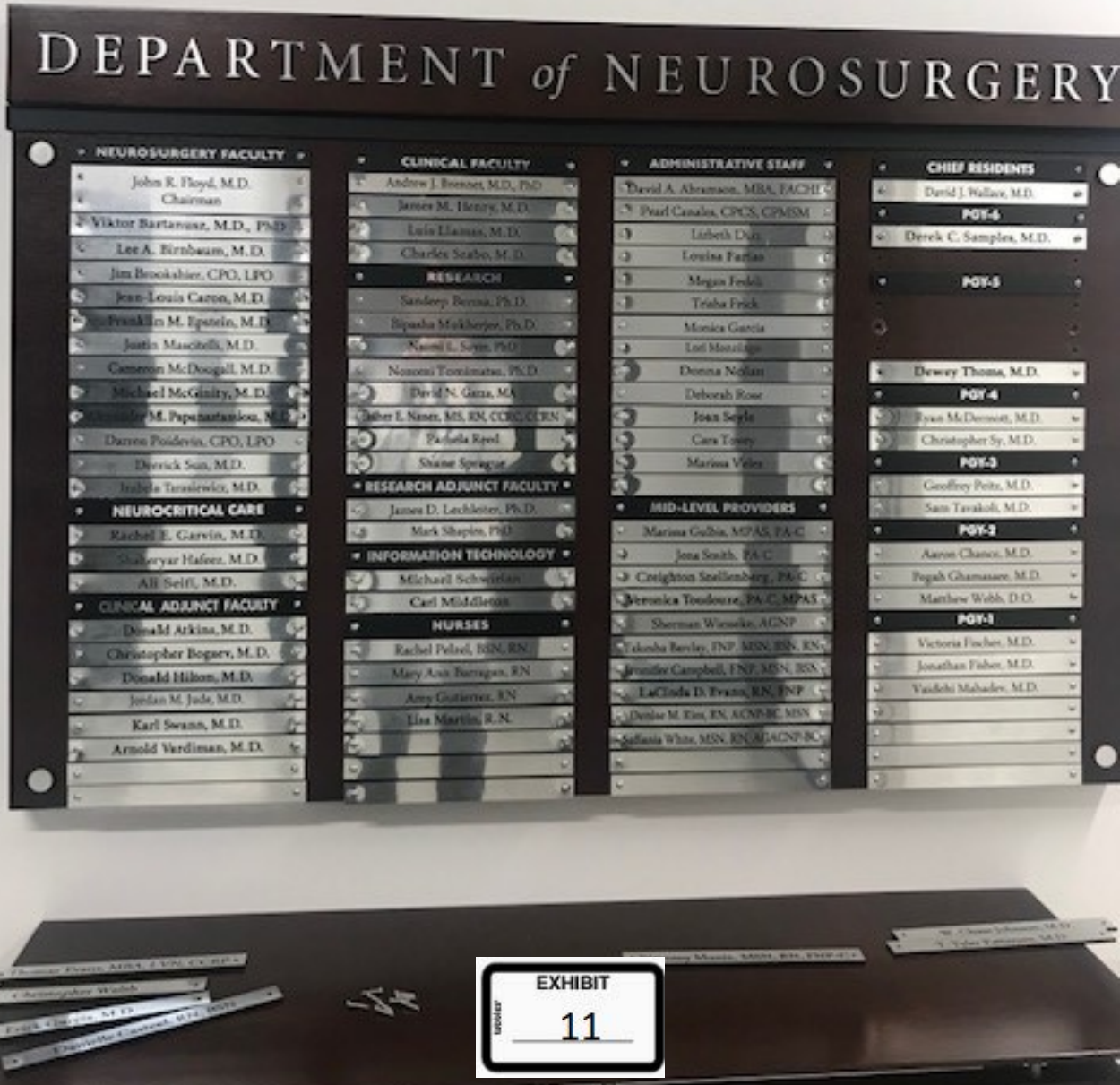
TO: Francisco Gonzalez-Scarano, M.D.
Dean, School of Medicine

FROM: David F. Jimenez, M.D., F.A.C.S.
Professor and Chairman
Department of Neurosurgery

SUBJECT: ~~Clinical~~ Adjunct Faculty Appointment – Donald L. Hilton, Jr., M.D.

This memorandum is to request consideration of the clinical faculty appointment for Donald L. Hilton, Jr., M.D. as a Clinical Associate Professor to the Department of Neurosurgery. He is an extremely competent, well-trained neurosurgeon and has expressed his willingness to participate in the teaching activities of the department. I believe that Dr. Hilton is an excellent neurosurgeon who would complement the present faculty on board. He will be invaluable as a teacher in neurosurgical areas. His ethics are beyond reproach.

DFJ/gmm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Jonathan Fisher, M.D.
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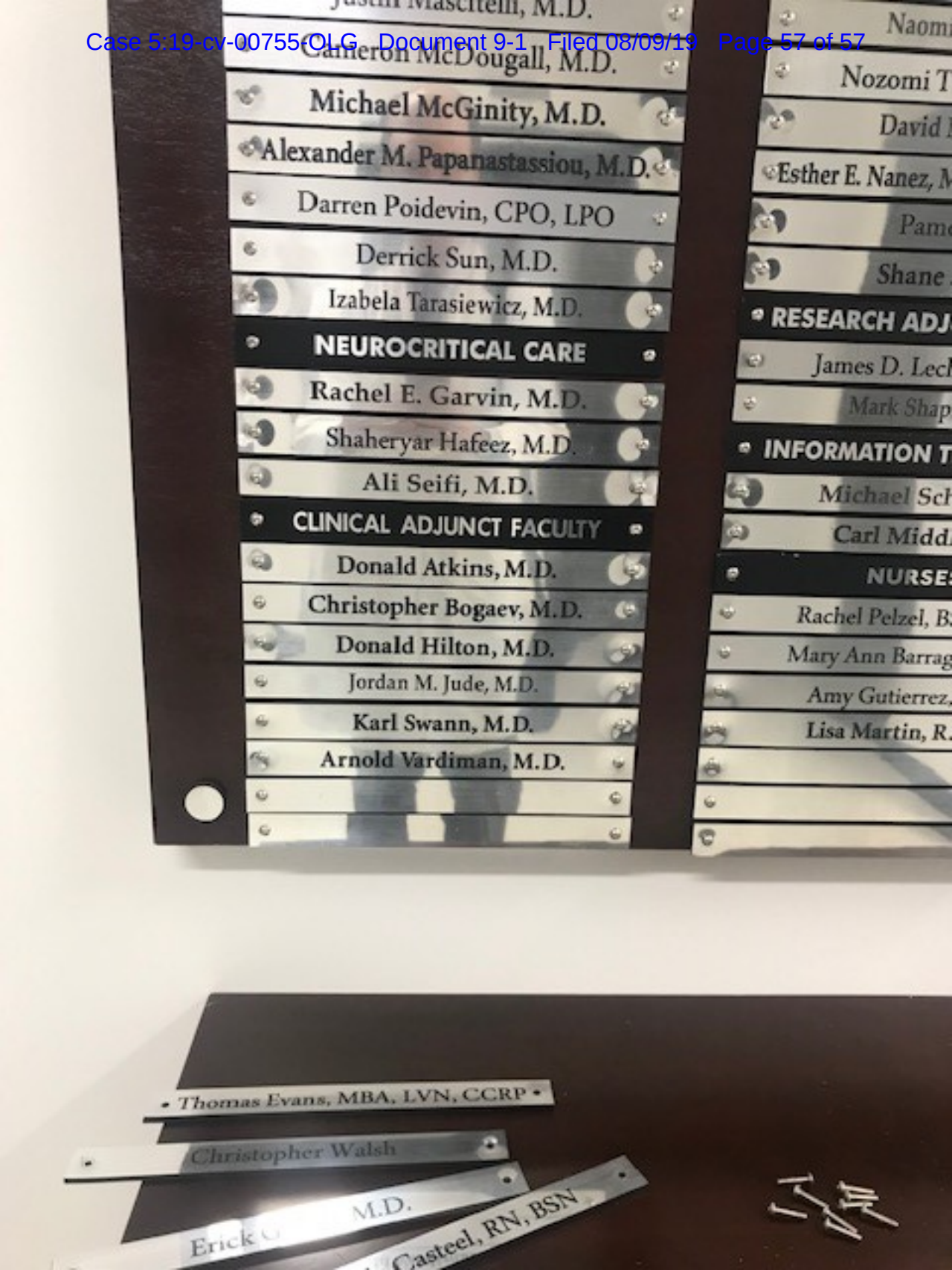
EXHIBIT
11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